

Indiana

Opioid Addiction Treatment Program Report

2007

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Table of Contents

Page Number

List of Tables.....	3
Executive Summary.....	4
I. Number of Indiana Opioid Treatment Providers as of December 31, 2007.....	8
Map Showing Location of Indiana Opioid Treatment Providers.....	9
II. Number of Patients Receiving Opioid Treatment Medication to Treat Opioid Addiction.....	10
III. Length of Time Patients Received Opioid Treatment Medication and Number of Patients Who Have Discontinued Use of the Medication.....	15
IV. Cost of Opioid Addiction Treatment in Indiana.....	20
V. Rehabilitation Rate or Recovery of Patients Receiving Opioid Treatment Medication.....	22
VI. Number of Patients Addicted to Methadone.....	24
VII. Number of Individuals on Waiting Lists to Receive Opioid Treatment Medication and Treatment.....	24
VIII. Patient Information as Reported to a Central Registry.....	24

List of Tables

Page Number

Table 1:	Indiana OTP Number of Patients Treated, 1998-2007.....	10
Table 2:	Total Patients Treated by Indiana OTPs, 2007.....	11
Table 3:	Total Indiana OTP Patients Treated by Gender, 1998-2007.....	12
Table 4:	Total Indiana OTP Patients Treated by Age, 1998-2007.....	12
Table 5:	Total Indiana OTP Patients Treated by Race/Ethnicity, 1998-2007.....	13
Table 6:	Total Indiana OTP Patients Treated by State of Residence, 1998-2006.....	13
Table 7:	Total Indiana OTP Patients Treated by State of Residence and OTP, 2007.....	14
Table 8:	Indiana Number OTP Enrollments by Seven Length-of-Treatment Categories, by OTP and Statewide Summary, 2007.....	15
Table 9:	Indiana Patient Length-of-Treatment in Seven Categories in Percentages by OTP and Statewide Summary, 2007.....	16
Table 10:	Indiana OTP Patient Number/Percentages of Patient Continuations in Treatment and Treatment Discontinuations by Six Discontinuation Categories, System as a Whole and by OTP, 2007.....	17
Table 11:	Patient Treatment Cost Based on Reported Gross OTP Patient Payments, Number of Patients and Number of Medication Doses, 2007.....	21
Table 12:	Indiana OTP Patient Recovery Indicators, % Patients to Which Indicators Apply, 1998-2007.....	22
Table 13:	Indiana OTP Patient Reduction or Improvement on the Nine Recovery Indicators in Numbers and Percentages, 2007.....	23

For more DMHA information, see DMHA's Web Site at: <http://www.in.gov/fssa/dmha/>

Executive Summary

The 1998-2006 Indiana Opioid Addiction Treatment Program Reports were developed to comply with a series of statutory provisions, the last of which, P.L. 2006-25, Section I, required that the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA) prepare an annual report providing information on treatment offered by Indiana opioid treatment programs (OTPs). The 2008 session of the Indiana General Assembly resulted in SEA 157, which modified the reporting schedule to once every two years, effective July 1, 2008. This 2007 report is the last in the series of ten annual reports.

Per P.L. 2006-25, this report provides information on the following:

- The number of methadone¹ providers in the State
- The number of patients on methadone during the previous year
- The length of time each patient received methadone and the average length of time all patients received methadone
- The cost of each patient's methadone treatment and the average cost of methadone treatment
- The recovery rate of patients addicted to methadone
- The number of patients who are addicted to methadone
- The number of patients who have been rehabilitated and are no longer on methadone
- The number of individuals, by geographic area, who are on waiting list to receive methadone
- Patient information as reported to a central registry created by the division (DMHA)

The information provided in this report covers all of these areas, and the central registry referred to in the last bullet point was the source of the majority of the patient data. Following is a brief description of information contained in the eight sections of this report and highlights of observations.

I. Number of Indiana opioid treatment providers² as of December 31, 2007. In Calendar Year (CY) 2007, 13 Opioid Treatment Programs (OTPs) provided services in Indiana. As required, all Indiana OTPs are approved by DMHA, certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Division of Pharmacologic Therapies and DMHA, and obtain registration from the U.S. Justice Department's Drug Enforcement Administration (DEA) and the Indiana Professional Licensing Agency's Controlled Substances Advisory Committee. A requirement for CSAT certification is accreditation by an approved accrediting body, and Indiana OTPs are additionally accredited by the Joint Commission or by CARF, the Commission on Accreditation of Rehabilitation Facilities.

A 2006 legislatively authorized process allowed interested applicants to apply to establish a new OTP in Indiana counties in which no OTP existed. The application evaluation process included how well the applicant demonstrated need for the program in a particular county and how much community support for the project had been generated. One of the two OTPs approved during this process initiated services in Marion (Grant County) on June 16, 2007. The other OTP approved during this process was in Porter County, and this program initiated services in 2008. During 2007, two Indiana OTPs were operated by not-for-profit community mental health centers, and the other eleven were operated by private, for-profit companies. Five of the OTPs operated by for-profit companies were operated by one organization, CRC Health Group. Because addiction treatment services programs operated by the federal government are exempt from State requirements, data and other information from the Veterans Administration (VA) opioid addiction treatment program located in Indianapolis are not included in this report.

¹ For this report, the term opioid treatment program, or OTP, is used since programs have been qualified to utilize both the opioid agonist methadone and the newer partial opioid agonist buprenorphine in their treatment of opioid addiction since May 22, 2003. Since 2006 legislation continued to use the term 'methadone provider', this report uses this term. The terms 'methadone provider' and 'methadone program' were replaced in the 2007 law with the term 'opioid treatment program'.

² Because the term 'provider' is used in P.L. 2006-25, this term is used in the title of this section. In the remainder of the report, the term 'provider' is often replaced with the term 'program,' the word used in 2007 legislation.

II. Number of patients receiving opioid treatment medication to treat opioid addiction. In 2007, all Indiana OTP patients were treated with opioid agonist or partial agonist medications, the large majority treated with the opioid agonist methadone. Buprenorphine, a partial opioid agonist medication, was approved by SAMHSA in May of 2003 to treat opioid addiction, and in 2007, it was utilized by two Indiana OTPs for a total of 40 patients. In this report, as in prior reports, there is no distinction made in the data between patients treated with methadone and those treated with buprenorphine. The term opioid drug is used in this report in place of opiate drug because the former term includes both the natural and synthetic drugs that have actions and effects similar to the opium alkaloids morphine and codeine and the semi-synthetic drugs derived from them, such as heroin.

Patients admitted to OTPs must have been addicted to opioid drugs for a minimum of one year prior to admission unless recently discharged from a penal institution, pregnant, or previously treated by an OTP within the past two years. Pregnant women have priority for admission because of potential damage to the unborn child if a woman addicted to opioid drugs abruptly discontinues opioid use and/or if she continues to use illicit opioids. Individuals under the age of 18 are admitted to OTPs only if they have had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period and only with parental consent, unless the young person is an emancipated minor.

Indiana OTP patient enrollments increased 9.7% between Calendar Year (CY) 2006 and CY 2007, from 10,707 to 11,743 patients³. The 2007 percentage increase is the greatest since 2002, when a 19.4% increase was seen over 2001. Between 1998 and 2007, the total number of patients treated in Indiana OTPs has more than tripled, from 3,652 to 11,743. Indiana OTP patients continue to be predominantly male (60.7%) and white (95.2%), patterns which have been consistent over the ten years of reporting. Average age of Indiana OTP patients continues to decline, and in CY 2007, 57.5% were between ages 18 and 34, 12.6% were over age 50, and 1.5% were over age 60. Although the percentage of Indiana patients served in Indiana OTPs has declined between CY 1998 and CY 2007, from 62.9% of total patients served to 55.1%, slight increases in percentage of Indiana patients have occurred since CY 2005, from 51.9 % of the total patients served to the present 55.1%.

III. Length of time patients received opioid treatment medication and number of patients who have discontinued use of the medication. Of the 11,743 patients enrolled in all Indiana OTPs on December 31, 2007, nearly 45% had been in treatment and receiving opioid treatment medication less than one year, just under 63% had been in treatment less than two years, just over 37% had been in treatment over two years, and 10.7% had been in treatment more than six years. Some of the differences between OTPs in percentages of patients in the various length-of-treatment categories are explained by the service initiation at the new Marion OTP on June 16, 2007. See Tables 8 and 9 in Section III. for detailed information about 2007 Indiana OTP patients in seven length-of-treatment categories.

IV. Cost of opioid addiction treatment in Indiana. Besides medication, OTP patient fees include counseling, education, drug testing, referrals to services not provided by the OTP, and other supportive services.

In CY 2007, program fees for liquid methadone remained at \$35 to \$45 per week at the two partially publicly funded OTPs and were reported as between \$70 and \$91 per week at all but one privately operated OTP. Cost for services at Holliday Health Care in Gary, which served only one patient in CY 2007, is not included in this report. The fee for diskette (tablet) medication, used in 2007 by only three Indiana OTPs, averaged \$96 per week. The fee for buprenorphine, utilized by only two CRC OTPs during 2007, remained at \$129.50 per week. Based on averages, the 2007 estimated out-of-pocket costs-per-patient-per-year were:

³ Implementation of the ICOPE central patient registry during CY 2007 resulted in a second year of slight changes in reported data, including in number of patients treated. For example, OTP enrollments reported in the 2006 report increased from 10,663 to 11,743, or less than half a percent.

a) for liquid methadone at a public OTP: \$2,080; b) for liquid methadone at a privately owned OTP: \$4,316; c) for diskette medication: \$5,044; and d) for buprenorphine: \$6,734.

Based on reported gross patient payments at Indiana OTPs, in CY 2007, the average patient payment for OTP treatment was \$2,129; the average payment at publicly funded OTPs, \$865; the average payment at private OTPs, \$2,601; and the average patient payment at the five clinics owned by CRC Health Group, \$2,722. Patients in treatment during CY 2007 may have been treated for the entire 365 days in the year or any portion of the year.

V. Rehabilitation rate or recovery of patients receiving opioid treatment medication. Since the first methadone report was developed for CY 1998 Indiana opioid addiction treatment program activity, nine (9) recovery⁴ indicators have been used to evaluate patient response to treatment. The nine indicators are considered to apply or not to apply based on the patient's and clinic staff's identification of the indicator as an issue to address during treatment upon admission and during regular treatment plan reviews. Patients are evaluated using four levels of reduction or improvement on each recovery indicator: none, little, moderate and significant. The indicators are as follows:

1. Reduction or elimination of illicit use of prescription opioid drugs
2. Reduction or elimination of illicit use of non-prescription opioid drugs (predominantly heroin)
3. Reduction or elimination of illicit use of drugs other than opioid drugs
4. Reduction or elimination of criminal behavior
5. Reduction or elimination of risky behavior related to the spread of infectious disease
6. Reduction or elimination of alcohol abuse
7. Improvement in employment
8. Improvement in education or vocational training
9. Improvement in family and social relationships

A range is seen in indicators which apply to CY 2007 enrolled patients from 83.7% of patients identified as needing to eliminate use of non-prescription opioid drugs, predominantly heroin, to 37.7% needing to eliminate alcohol abuse.

Significant change was seen in over 30% of CY 2007 patients to whom the indicator applied in reduction or elimination in the illicit use of prescription opioids, in use of non-prescription opioids, in use of drugs other than opioids, and in criminal behavior and risky behavior related to the spread of infectious disease. Significant change was seen in 7.7% of CY 2007 patients to whom the indicator applied in improvement in education or vocational training, in 17% in improved employment, in 19.7% in improved family and social relationships, and in 24.8% in reduction or elimination of alcohol abuse.

Moderate change was seen in over 20% of CY 2007 patients to whom the indicator applied in seven areas, reduction or elimination of illicit use of non-prescription opioid drugs, illicit use of drugs other than opioids, and alcohol abuse, in criminal behavior and in risky behaviors related to the spread of infectious diseases, as well as in improvement in employment and in family and social relationships. Moderate change was also seen in 10.8% and 19.7% of patients, respectively, in the areas of improvement in education or vocational training and in elimination or reduction or elimination of use of prescription opioid drugs.

Combining the categories of Moderate and Significant Change, of CY 2007 patients to whom the indicator applied, the following percentages of patients showed reduction or elimination in problematic areas and improvement in life areas indicating movement toward recovery:

- 50.2% eliminated or reduced illicit use of prescription opioid drugs;
- 58.8% eliminated or reduced use of non-prescription opioid drugs, predominantly heroin;
- 50.3% eliminated or reduced illicit use of drugs other than opioids;

⁴ Termed "Rehabilitation Indicators" in reports for 1998-2006.

- 51.2% eliminated or reduced criminal behavior;
- 54.9% eliminated or reduced risky behavior related to spread of infectious disease;
- 46% eliminated or reduced alcohol abuse;
- 18.5% improved education or vocational training;
- 38% improved employment status; and
- 48% improved family and social relationships.

VI. Number of patients addicted to methadone. Methadone is a prescribed oral opioid treatment medication used in the treatment of heroin and other opioid addiction since the 1960s. At the clinically appropriate dose, methadone eliminates opioid withdrawal symptoms likely to result in return to illicit drug use and symptoms associated with opioid addiction, such as euphoria, sedation, mental impairment, and/or drug-seeking behavior. Numerous studies have documented the effectiveness of methadone in decreasing relapse to illicit drugs and in curtailing the medical, psychiatric and legal consequences of illicit use. Patients in opioid treatment programs are not considered to be addicted when the medication is at the therapeutically appropriate dose, which supports optimal functioning as patients modify unproductive lifestyles to productive lifestyles.

VI. Number of individuals on waiting lists to receive opioid treatment medication and treatment. Between 1999 and 2006, the Indiana State Legislature placed a moratorium on establishing new OTPs in counties in which there was an OTP or adjacent to counties in which there was an OTP. Prior to 1999, when a large enough number of patients was identified to support a new OTP, a new OTP was established. At the end of CY 2007 and throughout the ten years of mandated reporting, none of the 13 Indiana opioid treatment programs reported to DMHA that they utilized a waiting list. It is understood that during CY 2007, Indiana OTPs were able to adjust staff and facility needs if increased patient demand occurred. Between CY 2006 and CY 2007, a 9.7% increase in total patient enrollments was seen, and this increase was accommodated.

VIII. Patient information as reported to a central registry. In 1999, the Indiana General Assembly passed a law requiring DMHA to establish an electronic central patient registry to collect de-identified OTP patient information to assure patients did not enroll in more than one OTP at one time. For the 1998 report, a format to collect information from all Indiana OTPs was developed, and the 1998-2005 methadone reports were based on data collected in this way. As the electronic registry was being developed, OTPs used manual means to assure that patients were not enrolling in more than one OTP at a time. In 2006, DMHA completed development of an electronic central patient registry called the Indiana Central Opioid Patient Electronic Registry (ICOPE). This report is based on data entered by each OTP into the ICOPE.

2007 Indiana Opioid Treatment Program Report

I. Number of Indiana Opioid Treatment Providers as of December 31, 2007

In CY 2007, there were 13 Opioid Treatment Programs (OTPs) operating in Indiana, all certified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Division of Pharmacologic Therapies and the Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA). The purpose of OTPs is to treat opioid addiction in individuals who have been addicted for a minimum of one year, and patients enrolling for treatment must be assessed for eligibility by a qualified OTP health care professional. Opioid drugs include not only heroin but synthetic opioid drugs such as oxycodone and methadone as well. An OTP survey of patients served in 2007 found that an average of 21% of Indiana OTP patients reported an addiction to heroin when admitted, down from an average of 39% in 2006, with 79% reporting an addiction to synthetic opioids in 2007. OTPs additionally informed that of patients enrolling in 2007, just 4.6% reported being addicted to the drug methadone, which in addition to treating addiction to opioids, is prescribed to treat pain.

In addition to certifications, all Indiana OTPs are registered to dispense controlled substances by the U.S. Department of Justice Drug Enforcement Administration and licensed by the Indiana Professional Licensing Agency's Controlled Substances Advisory Committee. Both CSAT and DMHA certification require OTPs to have an accreditation by an approved accrediting body, and Indiana OTPs are additionally accredited by either the Joint Commission or CARF, the Commission on Accreditation of Rehabilitation Facilities. Two additional OTPs were approved by State and federal officials in 2007 following a statutory change during the 114th Indiana General Assembly. During the 115th Indiana General Assembly, another statutory change prohibited approval of any additional OTPs through the end of 2008, and during the 116th session, a law was passed prohibiting the establishment of new OTPs for an indefinite period.

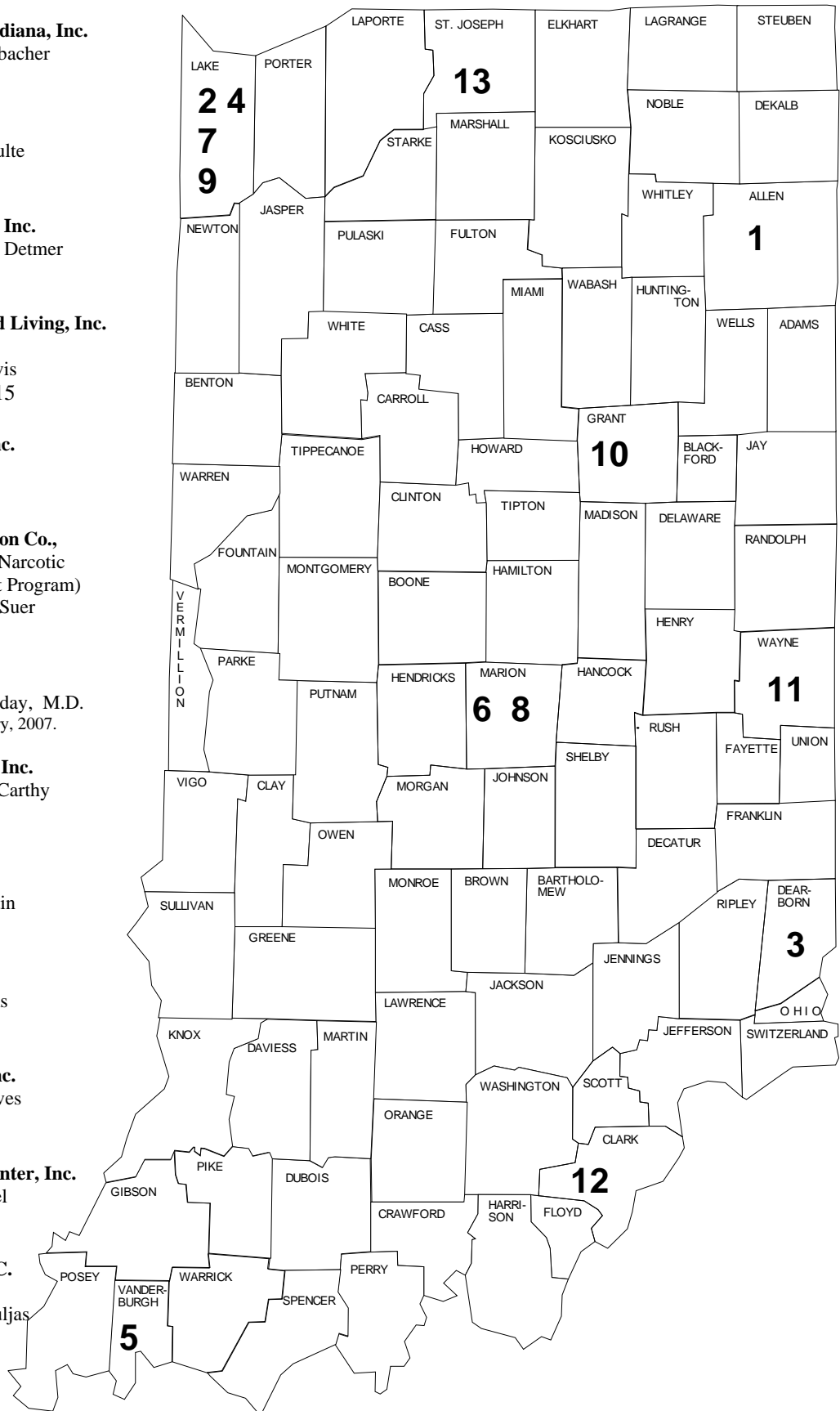
Two of the 13 OTPs operating in Indiana during 2007 were public, not-for-profit programs: New Life Center operated by Edgewater Systems for Balanced Living, Inc., Gary, and Midtown Narcotic Treatment Program, operated by the Health and Hospital Corporation of Marion County, Indiana, doing business as (dba) Midtown Community Mental Health Center (CMHC), Indianapolis.

The other 11 Indiana OTPs operating during 2007 were owned by private, for-profit companies. Five OTPs were owned by CRC Health Group of Cupertino, California: East Indiana Treatment Center, Inc., Lawrenceburg; Evansville Treatment Center, Inc., Evansville; Indianapolis Treatment Center, Inc., Indianapolis; Richmond Treatment Center, Inc., Richmond; and Southern Indiana Treatment Center, Inc., Jeffersonville. Six other private, for-profit OTPs operated in Indiana in 2007, including Premier Health Marion, which opened its doors on June 16, 2007, and the Center for Behavioral Health Indiana, Inc., Fort Wayne; Discovery House, Inc., dba Discovery House Lake County, Gary; Metro Treatment of Gary, dba Semoran Treatment Center, Gary; Victory Clinical II Services LLC, dba Victory Clinic, South Bend; and Health Care, PC, Gary. Holliday Health Care only provided services for one patient for a short time in 2007, prior to the death of its founder in late January.

The Richard L. Roudebush Medical Center, a federal Veterans Administration (VA) facility in Indianapolis, is exempt from State oversight by 42 CFR Part 8, and no information from this program is included in this report. The map on the next page indicates the locations of Indiana opioid addiction treatment programs in 2007.

Indiana Opioid Treatment Programs

1. **Center for Behavioral Health Indiana, Inc.**
Program Director: Ms. Terri Steinbacher
Phone: 260-420-6010
2. **Discovery House, Inc.**
Program Director: Ms. Robin Schulte
Phone: 219-985-8144
3. **East Indiana Treatment Center, Inc.**
Program Director: Ms. Mary Ann Detmer
Phone 812-537-1668
4. **Edgewater Systems for Balanced Living, Inc.**
(New Life Treatment Center)
Program Director: Ms. Myrtle Davis
Phone: 219-885-4264, Ext. 4215
5. **Evansville Treatment Center, Inc.**
Program Director: Mr. Jim Ward
Phone: 812-424-0223
6. **Health & Hospital Corp. of Marion Co.,**
d/b/a Midtown CMHC (Midtown Narcotic
Treatment Program)
Program Director: Mr. Kinzua LeSuer
Phone: 317-287-3734
7. **Holliday Health Care, P.C.***
Program Director: Alphonso Holliday, M.D.
* Did not provide services after January, 2007.
8. **Indianapolis Treatment Center, Inc.**
Program Director: Mr. Robert McCarthy
Phone: 317-475-9066
9. **Metro Treatment of Gary, LP,**
d/b/a Semoran Center
Program Director: Mr. Greg Hardin
Phone: 219-938-4651
10. **Premier Care of Indiana**
Program Director: Mr. Mark Lyons
Phone: 765-664-0101
11. **Richmond Treatment Center, Inc.**
Program Director: Mr. David Reeves
Phone: 765-962-8843
12. **Southern Indiana Treatment Center, Inc.**
Program Director: Ms. Vickie Friel
Phone: 812-283-4844, X 220
13. **Victory Clinical Services II, LLC.**
d/b/a Victory Clinic II
Program Director: Mr. Andres Guljas
Phone: 574-233-1524



II. Number of Patients Receiving Opioid Agonist Medication to Treat Addiction to Opioid Drugs

All Indiana opioid treatment program (OTP) patients are treated with the opioid agonist medication methadone or the partial opioid agonist medication buprenorphine⁵. In 2007, the large majority of patients were treated with methadone, with only a third of one percent (40 patients) treated with buprenorphine, which was approved by SAMHSA to treat opioid addiction in the Spring of 2003. Although methadone can be used to treat opioid addiction only in OTPs, buprenorphine may be used by private practicing physicians who have been certified by the same federal agency to use it to treat opioid addiction. As of September, 2008, 131 Indiana physicians and 55 treatment programs had obtained the required certification. Use of the opioid agonist LAAM (levo-alpha-acetylmethadol hydrochloride), which had been used to treat small numbers of Indiana OTP patients, was discontinued in 2003 after federal Food and Drug Administration (FDA) warnings of possible potential for cardiac electrical conduction disturbances were reported in Fall, 2001. In this report, there is no distinction made between patients treated with methadone and patients treated with buprenorphine in Indiana OTPs.

Table 1 shows that enrollments⁶ increased in Indiana opioid addiction treatment programs by 1,036 patients, or 9.7% between 2006 and 2007, from 10,707⁷ patients to 11,743. The total number treated in 2007 is the largest total number treated in Indiana OTPs in a calendar year since the baseline year of 1998, when records were first maintained. This number also represents the largest percentage increase from one year to the next since 2002, when an increase of 19.4% was seen over 2001. Between 1998⁸ and 2007, enrollments in Indiana OTPs have more than tripled, from 3,652 to 11,743.

Table 1: Indiana OTP Number Patients Treated, 1998 - 2007			
Calendar Year	Total # Patients	Increase of patients compared to previous year	
		#	%
1998	3,652	Baseline	Baseline
1999	4,528	876	23.99 %
2000	5,486	958	21.16 %
2001	6,814	1328	24.21 %
2002	8,135	1321	19.39 %
2003	8,691	556	6.83 %
2004	9,304	613	7.05 %
2005	9,884	580	6.23 %
2006	10,707	823	8.33 %
2007	11,743	1036	9.68 %

⁵ Both methadone and buprenorphine are approved by the federal Food and Drug Administration to treat opioid addiction in OTPs. During 2007, buprenorphine was utilized with OTP patients in only two Indiana OTPs.

⁶ Patient enrollments equal number of patients treated during the calendar year. Enrollments are calculated annually for the previous calendar year on December 31, and patients may have been in treatment for anywhere between one and 365 days during the year. Enrollments do not include out-of-State patients provided temporary services at Indiana OTPs (called guests), which numbered 194 in 2007.

⁷ The change in OTP patient data reporting methods which occurred during CY 2007 has resulted in a second year of changes in reported numbers of patients treated. For example, OTP enrollments reported in the 2006 report increased from 10,663 to 10,713, or less than half a percent.

⁸ The first Indiana Opioid Treatment Program Report pertained to 1998 OTP activity.

Table 2 shows the number of enrollments in each Indiana OTP during 2007. An enrollment represents an individual patient, and a patient may have been treated in the program anywhere between one day and 365 days during the year. As can be seen, the East Indiana Treatment Center in Lawrenceburg treated the most OTP patients again in 2007, 3,324, 28.3% of the total, followed by Southern Indiana Treatment Center in Jeffersonville, which treated 18.3% of the total. The OTP treating the least patients during 2007, as in previous years, was Holliday Health Care in Gary, which served only one patient and only for one month of the year before the death of its owner and Medical Director, Alphonso Holliday, in January, 2007. Second in smallest number of patients treated in 2007 was Victory Clinical Services II in South Bend, at 165, an increase of 8 patients over 2006.

The 11 privately owned OTPs enrolled 93.7% of total Indiana OTP patients in 2007, or 11,000 patients, compared to 9,948 patients, or 93.3% of total patients in 2006. Between 2002 and 2007, the percentage of Indiana OTP patients enrolled in privately owned Indiana OTPs increased from 81.9% to 93.7%.

CRC Health Group owns five Indiana OTPs, and combined, CRC programs served 78.2% (9,180 patients) of Indiana OTP patients during 2007, down from 80.3% in 2006. This is the third year in a row of decreases CRC has experienced in total percent of Indiana OTP patients after an increase between 1998 and 2004 from 67.6% to 84.3%. The two partially publicly funded OTPs, Midtown Narcotic Treatment Program in Indianapolis and Edgewater Systems for Balanced Living's New Life Center in Gary, served approximately 6.3% of Indiana OTP patients during 2007, or a total of 743 patients, and this number represents an increase of 28 patients over 2006. These two OTPs receive federal Substance Abuse Prevention and Treatment (SAPT) block grant funding, which allows them to subsidize treatment for low-income individuals. Additionally, these OTPs are part of community mental health centers, providing ready access to coordinated mental health care if needed.

Table 2: Total Patients Treated by Indiana OTPs, CY 2007			
Opioid Treatment Program (OTP)		# of Patients/Enrollments	% of Total
1	Center for Behavioral Health Indiana, Inc.	479	4.08%
2	Discovery House, Inc.	200	1.70%
3	East Indiana Treatment Center, Inc.	3,324	28.31%
4	Edgewater Systems for Balanced Living, Inc.	317	2.70%
5	Evansville Treatment Center, Inc.	898	7.65%
6	Health and Hosp. Corp. of Marion County, Indiana	426	3.63%
7	Holliday Health Care, PC	1	0.01%
8	Indianapolis Treatment Center, Inc.	1,876	15.98%
9	Metro Treatment of Gary, LP	530	4.51%
10	Premier Care of Indiana	445	3.79%
11	Richmond Treatment Center, Inc.	930	7.92%
12	Southern Indiana Treatment Center, Inc.	2,152	18.33%
13	Victory Clinical Services II, LLC	165	1.41%
Totals		11,743	100.00%

Table 3 provides information on gender distribution of 2007 Indiana OTP patients, who continue to be predominantly male (60.7%), a consistent pattern over the ten years of Indiana opioid addiction treatment reporting. The slight increase in female OTP patients that has occurred from year to year since a low of 36.8% females in 1998 continued in 2007, from just under 39.1% female enrollments in 2006 to 39.3% female enrollments in 2007. Over the ten years, Indiana OTPs have seen an increase in proportion of female to male patients of approximately 2.4%.

Table 3: Total Indiana OTP Patients Treated by Gender, 1998-2007				
Calendar Year	Males		Females	
	Total Number	%	Total Number	%
2007	7,133	60.74%	4,610	39.26%
2006	6,525	60.94%	4,182	39.06%
2005	5,984	60.54%	3,900	39.46%
2004	5,682	61.07%	3,622	38.93%
2003	5,318	61.19%	3,373	38.81%
2002	4,990	61.34%	3,145	38.66%
2001	4,204	61.70%	2,610	38.30%
2000	3,387	61.74%	2,099	38.26%
1999	2,861	63.18%	1,667	36.82%
1998	2,307	63.17%	1,345	36.83%

Table 4 provides information on the age distribution of Indiana OTP patients, 1998-2007. As can be seen, during 2007, 42.4% of total patients enrolled were between the ages of 25 and 34, and 57.5% were between the ages of 18 and 34. The table shows a change in age distribution of Indiana OTP patients over the past ten years, with the 35-49 year-old age group declining as a percentage of the totals while the 18-34 year-old age group increased. The 50-59-year-old age group is also seen to have increased in percentage of the totals over the nine years, from 8.5% to 11.1% in 2007, while those over age 60 as a group remained a fairly constant percentage, in 2007 at 1.5% of total patients. Admission of individuals under age 18 to treatment is allowed only if the individual has had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period and if a parent, legal guardian, or responsible adult designated by the State Methadone Authority consents in writing to the treatment or if the individual is an emancipated minor. It can be seen that in 2007, there were six admissions of youth under age 18, an increase of two individuals over 2006 and the greatest number of admissions in this category since 1998, when one young person under age 18 was enrolled in an Indiana OTP.

Table 4: Total Indiana OTP Patients Treated by Age, 1998 - 2007														
Calendar Year	Under 18		18-24		25-34		35-49		50-59		60 and Over		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2007	6	0.05%	1,778	15.14%	4,975	42.37%	3,506	29.86%	1,308	11.14%	170	1.45%	11,743	100.00%
2006	4	0.04%	1,634	15.26%	4,195	39.18%	3,457	32.29%	1,268	11.84%	149	1.39%	10,707	100.00%
2005	3	0.03%	1,377	13.93%	3,574	36.16%	3,563	36.05%	1,240	12.55%	127	1.28%	9,884	100.00%
2004	3	0.03%	1,258	13.52%	3,219	34.60%	3,621	38.92%	1,085	11.66%	118	1.27%	9,304	100.00%
2003	3	0.03%	1,126	12.96%	2,820	32.45%	3,626	41.72%	999	11.49%	117	1.35%	8,691	100.00%
2002	2	0.02%	954	11.73%	2,477	30.45%	3,653	44.90%	930	11.43%	119	1.46%	8,135	100.00%
2001	1	0.01%	748	10.98%	1,875	27.52%	3,358	49.28%	752	11.04%	80	1.17%	6,814	100.00%
2000	5	0.09%	490	8.93%	1,392	25.37%	2,971	54.16%	568	10.35%	60	1.09%	5,486	100.00%
1999	2	0.04%	360	7.95%	1,007	22.24%	2,668	58.92%	436	9.63%	55	1.21%	4,528	100.00%
1998	1	0.03%	239	6.54%	754	20.65%	2,300	62.98%	312	8.54%	46	1.26%	3,652	100.00%

Table 5 shows Indiana OTP patients treated by race/ethnicity, 1998-2007. Consistent with earlier years, in 2007, the large majority of Indiana OTP patients were white. The percentage of white Indiana OTP patients compared to other racial/ethnic groups increased between 1998 and 2007, from 81.2% to 95.2%, while the percentage of African-American Indiana OTP patients decreased from a high of 17.5% in 1998 to a low of 3.5% in 2007. Small percentages from other ethnic groups have been treated in Indiana OTPs, fairly consistent through the years, and in 2007, just over one percent of Indiana OTP patients were Hispanic/Latino and .18% were American Indian/Alaskan Native. Neither African-Americans nor Hispanic/Latinos are represented in the OTP treatment population in proportion to their representation in the population as a whole.

Table 5: Total Indiana OTP Patients Treated by Race/Ethnicity, 1998-2007

Calendar Year	White		Black African/American		Hispanic/Latino		American Indian/Alaska Native		Asian/Pacific Islander		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2007	11,173	95.15%	415	3.53%	122	1.04%	21	0.18%	10	0.09%	2	0.02%	11,743	100.00%
2006	10,093	94.27%	471	4.40%	112	1.05%	21	0.20%	9	0.08%	1	0.01%	10,707	100.00%
2005	9,203	93.11%	534	5.40%	122	1.23%	20	0.20%	5	0.05%	0	0.00%	9,884	100.00%
2004	8,661	93.09%	517	5.56%	101	1.09%	18	0.19%	4	0.04%	3	0.03%	9,304	100.00%
2003	8,012	92.19%	566	6.51%	92	1.06%	14	0.16%	6	0.07%	1	0.01%	8,691	100.00%
2002	7,350	90.35%	672	8.26%	98	1.20%	12	0.15%	2	0.02%	1	0.01%	8,135	100.00%
2001	6,039	88.63%	664	9.74%	91	1.34%	16	0.23%	3	0.04%	1	0.01%	6,814	100.00%
2000	4,714	85.93%	668	12.18%	90	1.64%	10	0.18%	4	0.07%	0	0.00%	5,486	100.00%
1999	3,785	83.59%	650	14.36%	81	1.79%	8	0.18%	4	0.09%	0	0.00%	4,528	100.00%
1998	2,964	81.16%	639	17.50%	39	1.07%	5	0.14%	5	0.14%	0	0.00%	3,652	100.00%

Table 6 provides information on total Indiana OTP patients treated by their State of residence, 1998-2007. Between 1998 and 2007, while the number of Indiana OTP enrollments increased by 221.9% (over three-fold), from 3,652 to 11,743, the percentage of Indiana residents being served in Indiana OTPs compared to residents of other States decreased from 62.9%⁹ of total OTP patients to 55.1%. The 2007 figure, however, represents the third year in a row of percentage increases of Indiana patients to out-of-State patients, from just under 52% of the total in 2005 to 55.1% in 2007. This table shows an increase in patients from Kentucky (+320%) and Ohio (+271%) over the ten-year period. In 2007 27.1% of Indiana OTP patients were residents of Kentucky; 16.6% were residents of Ohio; .72% (84 patients) were residents of Illinois; just under a third of one percent (37 patients, or.32%) were residents of Michigan; and .23%, or 27 patients, were residents of several other States.

Table 6: Total Indiana OTP Patients Treated by State of Residence - Numbers/Percentages, CY 2007

Calendar Year	IN		KY		OH		MI		IL		WV		TN		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2007	6,464	55.05	3,183	27.11	1,948	16.59	37	0.32	84	0.72	2	0.02	3	0.03	22	0.19	11,743	100.00
2006	5,610	52.40	3,058	28.56	1,910	17.84	44	0.41	68	0.64	4	0.04	0	0.00	13	0.12	10,707	100.00
2005	5,128	51.88	2,708	27.40	1,900	19.22	51	0.52	69	0.70	3	0.03	4	0.04	21	0.21	9,884	100.00
2004	4,750	51.05	2,543	27.33	1,890	20.31	52	0.56	53	0.57	4	0.04	5	0.05	7	0.08	9,304	100.00
2003	4,722	54.33	2,157	24.82	1,718	19.77	52	0.60	29	0.33	3	0.03	4	0.05	6	0.07	8,691	100.00
2002	4,426	54.41	1,942	23.87	1,666	20.48	54	0.66	24	0.30	7	0.09	2	0.02	14	0.17	8,135	100.00
2001	3,746	54.98	1,643	24.11	1,322	19.40	49	0.72	29	0.43	11	0.16	1	0.01	13	0.19	6,814	100.00
2000	3,130	57.05	1,323	24.12	945	17.23	37	0.67	27	0.49	10	0.18	4	0.07	10	0.18	5,486	100.00
1999	2,749	60.71	1,026	22.66	674	14.89	32	0.71	26	0.57	12	0.27	2	0.04	7	0.15	4,528	100.00
1998	2,296	62.87	758	20.76	525	14.38	27	0.74	30	0.82	11	0.30	1	0.03	4	0.11	3,652	100.00

⁹ See Footnote 4 for an explanation of the change in percentage from the 2005 report to this report.

Table 7 on the next page displays the number of 2007 out-of-State enrollments and percentages of total enrollments by Indiana OTP. It can be seen that the large majority of out-of-State patients being treated in Indiana are treated at Indiana OTPs near either the Ohio or the Kentucky State lines, consistent with earlier reports. The table shows that Kentucky patients represented 60.3% of total 2007 Indiana out-of-State OTP patients, and Ohio patients represented 36.9% of total out-of-State patients. East Indiana Treatment Center (EITC) in Lawrenceburg, Evansville Treatment Center (ETC), Richmond Treatment Center (RTC), and Victory Clinical Services II in South Bend provided services to the largest percentages of out-of-State patients: 89.3% of 2007 EITC patients were residents of other States, as were 66.8% of SITC patients; 53.2% of ETC patients; 25.3% of RTC patients, and 20% of Victory Clinical Services patients. On the other end, the OTP established in 2007, Premier Care Marion, served 1.1% out-of-State patients, and the New Life Center in Gary and Midtown Narcotic Treatment Program in Indianapolis each provided services to well below one percent out-of-State patients in 2007.

Table 7: Total Indiana OTP Patients Treated by State of Residence & OTP, CY 2007

OTP	IL	KY	MI	OH	Tenn	W.V.	Other	Out-of-State	IN	Number of Patients	Percentage Out-of-State Patients for each OTP
Center for Behavioral Health Indiana, Inc.	0	0	1	63	0	0	1	65	414	479	13.57%
Discovery House, Inc.	12	0	0	0	0	0	1	13	187	200	6.50%
East Indiana Treatment Center, Inc.	0	1,320	0	1,637	2	0	8	2,967	357	3,324	89.26%
Edgewater Systems for Balanced Living, Inc.	1	0	0	0	0	0	0	1	316	317	0.32%
Evansville Treatment Center, Inc.	58	416	1	1	1	0	1	478	420	898	53.23%
Health and Hosp. Corp. of Marion County, Indiana	0	0	0	1	0	0	0	1	425	426	0.23%
Holliday Health Care, PC	0	0	0	0	0	0	0	0	1	1	0.00%
Indianapolis Treatment Center, Inc.	7	13	0	5	0	0	7	32	1,844	1,876	1.71%
Metro Treatment of Gary, LP	6	3	3	0	0	0	0	12	518	530	2.26%
Premier Care of Indiana	0	1	0	2	0	0	2	5	440	445	1.12%
Richmond Treatment Center, Inc.	0	0	0	235	0	0	0	235	695	930	25.27%
Southern Indiana Treatment Center, Inc.	0	1,429	0	4	0	2	2	1,437	715	2,152	66.78%
Victory Clinical Services II, LLC	0	1	32	0	0	0	0	33	132	165	20.00%
Totals	84	3,183	37	1,948	3	2	22	5,279	6,464	11,743	44.95%
% of Total Patients	0.72	27.11	0.32	16.59	0.03	0.02	0.19	44.95	55.05	100.00	
% of Out of State Patients	1.59	60.30	0.70	36.90	0.06	0.04	0.42	100.00	NA	NA	

III. Length of Time Patients Received Opioid Treatment Medication and Number of Patients Who Have Discontinued Use of the Medication

This section is designed to answer questions about how long patients are receiving opioid treatment medication in Indiana OTPs and how many patients have discontinued its use following treatment.

During calendar year 2007, as in previous years, seven length-of-time-in-treatment categories were used: Less than 90 days (<90); 90 days to one year (90-1y); one year to two years (1-2y); two to three years (2-3y); three to six years (3-6y); six to ten years (6-10y); and over ten years (>10y).

Table 8 shows the number¹⁰ of patients enrolled in each Indiana OTP at the end of Calendar Year 2007 by the seven length-of-treatment categories and additionally shows the percentages of all Indiana OTP patients in each length-of-treatment category at the end of 2007. The table shows that at the end of 2007:

- 16.2% of Indiana OTP patients had been in treatment 90 days or less;
- 28.7 % had been in treatment between three months and one year;
- 18% had been in treatment between one and two years;
- 9% had been in treatment between two and three years;
- 17.3% had been in treatment between three and six years;
- 7.4% had been in treatment between six and ten years; and
- 3.3% had been in treatment ten years or longer.

Table 8: Indiana # OTP Enrollments by Seven Length-of-Treatment Categories, by OTP & Statewide Summary, CY 2007								
OTP	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y	Total #
Center for Behavioral Health Indiana, Inc.	63	131	80	44	116	40	5	479
Discovery House, Inc.	13	38	50	32	50	15	2	200
East Indiana Treatment Center, Inc.	611	959	569	277	598	239	71	3,324
Edgewater Systems for Balanced Living, Inc.	49	85	49	35	49	24	26	317
Evansville Treatment Center, Inc.	140	247	174	112	141	54	30	898
Health and Hosp. Corp. of Marion County, Indiana	44	101	103	24	62	40	52	426
Holliday Health Care, PC	0	0	0	0	0	0	1	1
Indianapolis Treatment Center, Inc.	357	541	364	140	277	126	70	1,875
Metro Treatment of Gary, LP	103	146	99	58	99	21	4	530
Premier Care of Indiana	119	256	18	12	25	13	1	444
Richmond Treatment Center, Inc.	163	273	165	73	149	95	12	930
Southern Indiana Treatment Center, Inc.	229	552	425	233	431	183	99	2,152
Victory Clinical Services II, LLC	16	42	19	21	35	13	19	165
Total	1,907	3,371	2,115	1,061	2,032	863	392	11,741¹¹
Total Number of Patients in Percentage	16.24%	28.71%	18.01%	9.04%	17.31%	7.35%	3.34%	100.00%

¹⁰ Total patients enrolled figure is two patients less than the 11,743 because of data entry errors detected too late to resolve for this report. The two-patient difference is not statistically significant.

¹¹ See footnote above.

Collapsing the time-in-treatment categories somewhat, at the end of 2007, slightly under 63% of Indiana OTP patients treated during 2007 had been in treatment less than two years, and just under 45% had been in treatment less than one year. Slightly over 37% of 2007 patients had been in treatment over two years, and 10.7% had been in treatment more than six years. Best practices in addiction treatment indicate that an important variable in predicting treatment success is length of time in treatment and that a minimum of two years in treatment, during which time patients can be stabilized on a clinically appropriate dose of medication and receive counseling and other supportive services as they establish and work on a program of recovery, is beneficial¹².

Table 9 provides information on percentages of 2007 Indiana OTP enrollments at each Indiana OTP by the same seven length-of-treatment categories. Percentages of 2007 patients in treatment under one year to total patients treated at the OTP ranged from 25.5% at Discovery House Lake County in Gary to 84.5% at the new OTP in Marion, Premier Care, which served its first patient June 16, 2007. The median (average) percentage of 2007 patients in treatment under one year calculates at 42.3%. Of 2007 Indiana OTP patients, the largest percentage receiving treatment for six years or more¹³ was at Midtown Narcotic Treatment Program (NTP) in Indianapolis (21.6%), and just under 36.2% of patients of Midtown NTP's 2007 OTP patients had been in treatment three years or longer. The OTP serving the largest percentage of 2007 patients more than three years was Victory Clinical Services II, at 40.6% of 2007 patients.

Table 9: Indiana Patient Length-of-Treatment in Seven Categories in Percentages, by OTP & Statewide Summary, 2007							
OTP	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y
Center for Behavioral Health Indiana, Inc.	13.15%	27.35%	16.70%	9.19%	24.22%	8.35%	1.04%
Discovery House, Inc.	6.50%	19.00%	25.00%	16.00%	25.00%	7.50%	1.00%
East Indiana Treatment Center, Inc.	18.38%	28.85%	17.12%	8.33%	17.99%	7.19%	2.14%
Edgewater Systems for Balanced Living, Inc.	15.46%	26.81%	15.46%	11.04%	15.46%	7.57%	8.20%
Evansville Treatment Center, Inc.	15.59%	27.51%	19.38%	12.47%	15.70%	6.01%	3.34%
Health and Hosp. Corp. of Marion County, Indiana	10.33%	23.71%	24.18%	5.63%	14.55%	9.39%	12.21%
Holliday Health Care, PC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Indianapolis Treatment Center, Inc.	19.04%	28.85%	19.41%	7.47%	14.77%	6.72%	3.73%
Metro Treatment of Gary, LP	19.43%	27.55%	18.68%	10.94%	18.68%	3.96%	0.75%
Premier Care of Indiana	26.80%	57.66%	4.05%	2.70%	5.63%	2.93%	0.23%
Richmond Treatment Center, Inc.	17.53%	29.35%	17.74%	7.85%	16.02%	10.22%	1.29%
Southern Indiana Treatment Center, Inc.	10.64%	25.65%	19.75%	10.83%	20.03%	8.50%	4.60%
Victory Clinical Services II, LLC	9.70%	25.45%	11.52%	12.73%	21.21%	7.88%	11.52%
Total	16.24%	28.71%	18.01%	9.04%	17.31%	7.35%	3.34%

¹² Dennis M. Scott CK. Managing addiction as a chronic condition. *Addict Sci Clin Pract.* 2007; 4 (1):45-55

¹³ Although the patient treated during 2007 at Holliday Health Care in Gary had been treated more than ten years, since this represents only one patient, Holliday's data is being considered unrepresentative and is not included in the summary.

Table 10 on the next page provides information on the number and percentages of 2007 OTP patients who remained in continuous treatment throughout 2007, regardless of whether they began treatment prior to 2007 or during 2007, and on 2007 patients who left treatment using six 'Discontinuation Categories', both for the system as a whole and for each OTP operating in Indiana that year.

All patients enrolled in 2007 whose treatment activity is reported in this report are included in one of these two larger categories, patients who continued in treatment and patients who discontinued treatment. Of the total patients treated in Indiana OTPs during 2007:

- 48.1% (5,649 patients) remained in continuous treatment throughout 2007 (regardless of whether they began prior to 2007 or in 2007);
- 3.1% (359 patients) successfully completed treatment and left the program on no opioid treatment medication;
- 6.1% (716 patients) did not complete treatment and were tapered off opioid treatment medication before discharge;
- 1.9% (221 patients) did not complete treatment and went through a voluntary tapering process before discharge;
- 34.4% (4,035 patients) did not complete treatment and dropped out before they were tapered off their medication;
- 5.9% (696 patients) transferred to other opioid treatment programs, either within Indiana or in another State; and
- Slightly over a half of one percent (66 patients, or 0.56%) were reported to have died during the year of non-methadone-related causes; since coroners are not required to report cause of death to DMHA or to the OTPs, cause of death information may not be accurate.

Table 10: Indiana OTP Patient Number/Percentages of Patient Continuations in Treatment and Treatment Discontinuations by Six Discontinuation Categories, System as a Whole and by OTP, CY 2007

OTP	Continued Treatment		1		2		3		4		5		6	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Center for Behavioral Health Indiana, Inc.	220	45.93	11	2.30	6	1.25	4	0.84	168	35.07	67	13.99	3	0.63
Discovery House, Inc.	132	66.00	13	6.50	23	11.50	6	3.00	13	6.50	12	6.00	1	0.50
East Indiana Treatment Center, Inc.	1,469	44.19	37	1.11	241	7.25	39	1.17	1,346	40.49	182	5.48	10	0.30
Edgewater Systems for Balanced Living, Inc.	153	48.27	1	0.32	31	9.78	47	14.83	61	19.24	18	5.68	6	1.89
Evansville Treatment Center, Inc.	393	43.76	85	9.47	56	6.24	8	0.89	314	34.97	34	3.79	8	0.89
Health and Hosp. Corp. of Marion County, Indiana	227	53.29	26	6.10	36	8.45	9	2.11	108	25.35	17	3.99	3	0.70
Holliday Health Care, PC	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	100.00	0	0.00
Indianapolis Treatment Center, Inc.	819	43.66	59	3.14	156	8.32	17	0.91	657	35.02	156	8.32	12	0.64
Metro Treatment of Gary, LP	243	45.85	21	3.96	6	1.13	9	1.70	204	38.49	43	8.11	4	0.75
Premier Care of Indiana	306	68.92	4	0.90	0	0.00	28	6.31	99	22.30	7	1.58	0	0.00
Richmond Treatment Center, Inc.	457	49.14	44	4.73	62	6.67	18	1.94	306	32.90	35	3.76	8	0.86
Southern Indiana Treatment Center, Inc.	1,155	53.67	50	2.32	71	3.30	30	1.39	717	33.32	119	5.53	10	0.46
Victory Clinical Services II, LLC	75	45.45	8	4.85	28	16.97	6	3.64	42	25.45	5	3.03	1	0.61
Total number Patients per Category	5,649		359		716		221		4,035		696		66	TOTAL 11,741¹⁴
Statewide Percentage of Patients per		48.11		3.06		6.10		1.88		34.36		5.93		0.56

¹⁴ See footnote No. 10.

Category														
----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patients Remaining in Treatment at the End of Calendar Year 2007

As seen in Table 10, 48.1% of Indiana OTP patients (5,649 patients) remained in treatment from the time of their enrollment through the end of Calendar Year 2007 (whether treatment began prior to 2007 or during 2007), up from 43.8% in 2006. Holliday Health Care, which served only one patient in 2007, is not included in the data calculations. Premier Care Marion, which began service provision on June 16, 2007, reported the greatest percentage of patients remaining in continuous treatment during 2007, 68.9% of total patients, or 306. Because opioid addiction treatment is not typically effective if patients do not remain in treatment for sufficient time to adjust to lifestyle changes required for treatment to produce the desired response, the percentage of Premier Care Marion's patients remaining in continuous treatment after just over six months of operation can be seen in a positive light. Of the longer standing OTPs, Discovery House Lake County, Gary, reported only a slightly smaller percentage of 2007 patients who remained in continuous treatment during 2007, with 132, or 66% of its patients in this category. Eight Indiana OTPs reported percentages of total patients in continuous treatment through the beginning of 2007 or the patient's enrollment during 2007 through December 31, 2007, in the 44% to 49% range, and no OTP reported a percentage in this category under 43.7%.

Patients Discontinuing Treatment in Six Categories

Following is a brief discussion of information provided in Table 10 on patients who discontinued Indiana OTP treatment during 2007 using the six discontinuation categories:

#1. Patients Successfully Completing Treatment and Discontinuing Medication

In 2007, an average of 3.1% of Indiana OTP patients successfully completed treatment and discontinued use of opioid treatment medication, down from an average of 3.6% in 2006. The Indiana OTP reporting the highest percentage of 2007 patients successfully completing treatment was Evansville Treatment Center, at 9.5%, and two other OTPs, Discovery House Lake County and Midtown Narcotic Treatment Program in Indianapolis, reported percentages above five percent in this category. New Life Center in Gary reported the lowest percentages of patients who successfully completed treatment and discontinued opioid treatment medication, at less than one-third of one percent.

#2. Patients Who Did Not Complete Treatment and Who Were Tapered Off Opioid Treatment Medication before Discharge (Administrative Discharge)

Some patients do not complete treatment and are tapered off their opioid treatment medication using an accelerated protocol before discharge to alleviate unpleasant side effects from abrupt discontinuation of medication. An average of 6.1% of 2007 Indiana OTP patients (716 patients) across the State were in this category, with a range of OTP percentages from lows of 0% at Premier Care Marion and 1.1% at Metro Treatment of Gary to a high of just under 17% at Victory Clinical Services II in South Bend.

#3. Patients Who Did Not Complete Treatment and Who Were Tapered Off Medication per Patient Request

Some patients request to undergo an accelerated discontinuation, or a tapering off of medication, and these patients often receive referrals to other levels of treatment. An average of 1.9% of 2007 Indiana OTP patients, or 221 patients, were in this category, with a range between lows of .8% of patients at the Center for Behavioral Health in Fort Wayne and .9% at both Evansville Treatment Center and Indianapolis Treatment Center to a high of 14.8% of patients at Gary's New Life Center.

#4. Patients Who Did Not Complete Treatment and Stopped Attending Treatment

For various reasons, a percentage of patients stop attending opioid addiction treatment. These patients have undergone no tapering process. An average of 34.4% of 2007 Indiana OTP patients, or 4,035 patients were in this category, ranging from a low of 6.5% drop-outs at Gary's Discovery House to a high of 40.5% at East Indiana Treatment Center in Lawrenceburg.

#5. Patients Who Transferred to Another OTP

As a result of a move or other circumstance, a small percentage of OTP patients transfer to other OTP programs, either within or outside of Indiana each year. An average of 5.9% of 2007 Indiana OTP patients, 696 patients, transferred to another OTP during 2007.

#6. Patients Who Died

In 2007, 0.6% of enrolled patients (66 of 11,743 enrolled individuals) were reported to have died, but no Indiana OTP patient was reported to have died of a methadone-related cause while in patient status¹⁵. In 2007, Indiana OTP deaths ranged among Indiana OTPs from one patient each at Discovery House Lake County in Gary and at Victory Clinical Services II in South Bend to 12 patients of the Indianapolis Treatment Center, which served 1,876 total patients that year.

¹⁵ Indiana OTPs report patient deaths to DMHA, and most are not subject to coroners' reports. For deaths that are investigated by coroners' offices, reports are not required to be providing to either the OTP or to DMHA.

IV. Cost of Opioid Addiction Treatment in Indiana

All Indiana opioid addiction treatment patients are charged for their treatment. OTP patient fees include medication, counseling, education, drug testing and other services, including referrals to ancillary services as well¹⁶. In CY 2007, the program fee for liquid methadone remained at \$35 to \$45 per week, respectively, at the two not-for-profit programs, New Life Center in Gary and Midtown Narcotic Treatment Program in Indianapolis. The weekly program fee at privately operated OTP ranged between \$70 and \$91 per week for liquid methadone. The fee for diskette methadone, which was used in 2007 by only three Indiana OTPs for patients who had problems metabolizing liquid methadone, was reported between \$94 and \$98 per week. The fee for buprenorphine, which was only used by two CRC OTPs during 2007, was reported at \$129.50 per week. Based on an average of the fees identified above, the following are 2007 estimated out-of-pocket-expenses-per-patient-per year for a full 12 months of treatment: a) for liquid methadone at a not-for-profit OTP: \$2,080; b) for liquid methadone at a privately owned OTP: \$4,316; c) for diskette medication: \$5,044; and d) for buprenorphine: \$6,734.

Patients in treatment during CY 2007 may have been treated for the entire 365 days in the year or any portion of the year. Based on 2007 reported gross patient payments reported by Indiana OTPs and total reported number of medication doses¹⁷, shown in **Table 11** on the next page, the average cost per patient for Indiana OTP treatment in 2007 was \$2,129¹⁸. The average cost for patients treated in the two partially federally funded OTPs, Midtown Narcotic Treatment Program and Edgewater Systems for Balanced Living New Life Center, was \$865. The cost figure for the partially publicly funded OTPs does not include federal block grant funds provided by DMHA to subsidize treatment for low-income individuals, \$380,276 to Midtown and \$430,871 to New Life Center in SFY 2007. Based on patient payments, the average cost for patients at CRC Health Group's five Indiana OTPs was \$2,722, and the average cost for patients served by all privately operated Indiana OTPs was \$2,601.

¹⁶ Incidental fees are charged by some OTPs and may include fees for intake assessment, annual physical examination, urine drug testing above the eight required by federal regulations and/or for confirmation tests, pregnancy tests, locks and lock bags for take-home medication storage, blood serum tests, and guest dose fees.

¹⁷ A dose represents all interactions at the OTP and could represent as short a period as receiving one dose of medication to much longer periods, including individual and/or group counseling sessions, other support services, (e.g., drug screening), and educational workshops.

¹⁸ Average patient cost at Holliday Health Care, which served only one patient in 2007, is not included.

Table 11: Patient Treatment Cost Based on Reported Gross OTP Patient Payments, Number of Patients and Number of Medication Doses, CY 2007

OTP	Number of Patients	Number of Doses Dispensed	Gross OTP Income	Average # Doses / Patient	Average Cost per Dose	Average Annual Patient Cost
Center for Behavioral Health Indiana, Inc.	479	111,324	\$1,235,697	232.4	\$11.10	\$2,580
Discovery House. Inc.	201	52,729	\$502,960	262.3	\$9.54	\$2,502
East Indiana Treatment Center. Inc.	3,324	719,626	\$8,842,525	216.5	\$12.29	\$2,660
Edgewater Systems for Balanced Living, Inc.*	317	56,064	\$149,959	176.9	\$2.67	\$473
Evansville Treatment Center. Inc.	898	190,410	\$2,173,228	212.0	\$11.41	\$2,420
Health & Hosp. Corp. of Marion County. *	431	94,581	\$541,910	219.4	\$5.73	\$1,257
Indianapolis Treatment Center, Inc.	1,876	409,924	\$5,068,688	218.6	\$12.36	\$2,702
Metro Treatment of Garv, LP	534	104,725	\$1,012,663	196.1	\$9.67	\$1,896
Premier Care of Indiana (Data represents 6 1/2 months of service.)	445	42,588	\$464,701	95.7	\$10.91	\$1,044
Richmond Treatment Center, Inc.	931	195,839	\$2,238,092	210.4	\$11.43	\$2,404
Southern Indiana Treatment Center, Inc.	2,152	527,545	\$6,665,810	245.1	\$12.64	\$3,098
Victory Clinical Services II. LLC	165	44,373	\$414,453	268.9	\$9.34	\$2,512
Statewide Totals (Excluding Holliday Health Care)	11,753	2,549,728	\$29,310,686	212.9	\$9.92	\$2,129
Public OTPs *	748	150,645	\$691,869	198.2	\$4.20	\$865
All Privately Operated OTPs	11,005	2,399,083	\$28,618,817	218	\$11.93	\$2,601
CRC Health OTPs (Five)	9,181	2,043,344	\$24,988,343	222.6	\$12.23	\$2,722
* Partially publicly funded OTPs						
♣ Average patient cost for Holliday Health Care, which served only one patient, is not included						

V. Rehabilitation Rate or Recovery of Patients Receiving Opioid Addiction Treatment

Table 12 displays the nine recovery¹⁹ indicators which have been used throughout the ten years of reports to the Governor and the Legislative Council. The indicators address reduction in six behaviors which may have been problematic for patients before entering treatment and improvement in three life areas which if achieved, will enhance the patient's life. The six behavior indicators are labeled to indicate "reduced" incidence of the behavior. It should be noted that improvement in these behaviors includes both reduction and elimination, which is the goal.

Not all of the indicators apply to every patient. Table 12 displays the percentages and numbers of patients to which each of the nine indicators applied, 1998-2007, as of December 31 of each year. The determination of which indicators apply to patients is done upon enrollment and during treatment plan reviews done at varying intervals, no less frequently than annually. A patient's initial and updated treatment plan is based on these determinations, made jointly by the patient and clinical staff. OTP patients are expected to have multiple issues to address and are encouraged to work on these issues at a pace at which they can be successful. As patients are stabilized on their treatment medication, they are encouraged to address other lifestyle issues. Patients are given unsupervised medication dose privileges based on time in treatment and on the medical director's evaluation of the patient's capability to handle this responsibility. All Indiana OTP patients pay for their own treatment. As a result, employment is a treatment plan issue for many, and if a patient is not employed and not considered unable to work because of disability, then education or vocational training is a high priority.

All enrolling patients will address Recovery Indicators 1 and/or 2, and enrolling patients may address all nine or any combination of the other indicators. Because information as to patient's need to address these two recovery indicators is updated continually, no less frequently than at treatment plan reviews, these percentages provide only a point-in-time snapshot and not a general picture of drug use with which patients are struggling²⁰. After eight years in which the percentage of patients reporting a need to reduce use of illicitly obtained or inappropriately used prescription opioid drugs declined from 82.6% to 60.8%, this percentage increased in both 2006 and 2007, at 71.4% of patients and 76% of patients, respectively. The percentage of patients reporting a need to eliminate use of non-prescription opioid drugs (most commonly heroin) has declined between 1998, when 95.1% of total patients reported this problem, to 83.7% in 2007, although it was the 2007 recovery indicator reported as a need by the largest percentage of patients. A substantial drop occurred in percentage of patients reporting this problem between 2006 (92.8%) to 2007 (83.7%).

As in previous years, the recovery indicator applying to the lowest percentage of 2007 patients was a need to reduce alcohol abuse, which was reported at 37.7%, down from 41.3% in 2006 and 49.2% in 1998. As can be seen, a decline in percentages of patients reporting a need to address all the other indicators occurred in 2007, which may have to do with changes in patients served or in evaluators' scoring styles.

Table 12: Indiana OTP Patient Rehabilitation Indicators, % Patients to Which Recovery Indicators Apply, 1998-2007

	1. Reduced /eliminated use of prescription opioid drugs	2. Reduced/ eliminated illicit use of non-prescription opioid drugs	3. Reduced/ eliminated illicit use of drugs other than opioids	4.Reduced /eliminated criminal behavior	5.Reduced/ eliminated risky behavior related to spread of infectious disease	6. Reduced /eliminated alcohol abuse	7. Improved education or vocational training	8. Improved employment	9. Improved family and social relationships
# of Patients	8,734	9,615	9,424	7,208	6,956	4,325	6,924	8,799	9,291
2007	76.0%	83.7%	82.1%	62.8%	60.6%	37.7%	60.3%	76.6%	80.9%
2006	71.4%	92.8%	91.4%	72.8%	67.4%	41.3%	69.9%	87.7%	94.2%
2005	60.8%	92.3%	91.2%	76.7%	70.7%	38.5%	68.3%	85.1%	96.6%
2004	63.1%	91.9%	92.1%	76.3%	66.3%	41.4%	73.3%	89.7%	97.0%
2003	63.5%	92.5%	89.3%	70.0%	63.7%	39.2%	72.2%	89.2%	96.0%
2002	67.1%	94.2%	90.3%	75.1%	66.7%	43.9%	71.9%	87.9%	94.5%
2001	75.2%	96.2%	92.5%	73.9%	70.7%	47.6%	72.6%	87.0%	93.2%
2000	75.3%	94.8%	91.8%	74.2%	70.9%	46.5%	68.0%	87.2%	95.2%
1999	81.0%	94.8%	92.4%	85.0%	79.1%	54.3%	70.6%	85.9%	94.3%
1998	82.6%	95.1%	91.7%	75.5%	74.3%	49.2%	75.4%	84.4%	93.6%

¹⁹ The term 'Recovery Indicators' is being used in this report in place of 'Rehabilitation Indicators,' used in 1998-2006 reports.

²⁰ The information provided earlier on percentage of patients reporting use of prescription and non-prescription opioids was based only on OTPs' evaluation of patient drug use at admission.

Table 13 on the next page displays data by percentage and number of 2007 patients to which the indicator applied using the following four levels of change: No Change; Little Change; Moderate Change; and Significant Change.

The percentage of 2007 patients evaluated as having significantly reduced/eliminated use of prescription opioid drugs is reported at 30.5% (2,661 patients). The following percentages of 2007 patients are also reported to have made significant change:

- 38.3% (3,687 patients) reduced/eliminated illicit use of non-prescription opioid drugs;
- 30.2% (2,849 patients) reduced/eliminated illicit use of drugs other than opioids;
- 30.6% (2,208 patients) reduced/eliminated criminal behavior;
- 31.5% (2,194 patients) reduced/eliminated risky behavior related to spread of infectious disease;
- 24.8% (1,074 patients) reduced/eliminated alcohol abuse;
- 7.7% (532 patients) improved education or vocational training;
- 17% (1,499 patients) improved employment status; and
- 19.7% (1,826 patients) improved family and social relationships

The percentage of 2007 patients evaluated as having moderately reduced/eliminated use of prescription opioid drugs is reported at 19.7% (1,719 patients). The following percentages of 2007 patients are also reported to have made moderate change:

- 20.5% (1,974 patients) reduced/eliminated illicit use of non-prescription opioid drugs ;
- 20.1% (1,897 patients) reduced/eliminated illicit use of drugs other than opioids;
- 20.6% (1,484 patients) reduced/eliminated criminal behavior;
- 23.4% (1,627 patients) reduced/eliminated risky behavior related to the spread of infectious disease;
- 21.2% (917 patients) reduced/eliminated alcohol abuse;
- 10.8% (749 patients) improved education or vocational training;
- 21% (1,844 patients) improved employment; and
- 28.3% (2,632 patients) improved family and social relationships.

No change was reported in percentage of 2007 patients in from 24.5% (2,352 patients) on illicit use of non-prescription opioid drugs to 65% of patients (4,504) on improvement in education or training, and little change was seen in from 16.5% of 2007 patients (1,139) on improvement in education or vocational training to 24.9% (2,314 patients) on improvement in family and social relationships. Changes in ratings from year to year may be explained by differences in patients or in the way OTP staff are evaluating patient change when utilizing the new central registry, although the precise reasons for the differences are not clear. It also should be noted that all patients treated by all OTPs are included in the data, including patients who dropped out of treatment.

Table 13: Indiana OTP Patient Reduction or Improvement on the Nine Rehabilitation Indicators in Numbers/Percentages, CY 2007

Rehabilitation Indicator	Number of Patients Per Indicator	1. No Change		2. Little Change		3. Moderate Change		4. Significant Change	
		#	%	#	%	#	%	#	%
1. Reduced/Eliminated use of prescription opioids	8,734	2,728	31.2	1,626	18.6	1,719	19.7	2,661	30.5
2. Reduced/Eliminated illicit use of non-prescription opioid drugs	9,615	2,352	24.5	1,602	16.7	1,974	20.5	3,687	38.3
3. Reduced/Eliminated illicit use of drugs other than opioids	9,424	2,677	28.4	2,001	21.2	1,897	20.1	2,849	30.2
4. Reduced/Eliminated criminal behavior	7,208	2,192	30.4	1,324	18.4	1,484	20.6	2,208	30.6
5. Reduced/Eliminated risky behavior related to spread of infectious disease	6,956	1,846	26.5	1,289	18.5	1,627	23.4	2,194	31.5
6. Reduced/Eliminated alcohol abuse	4,325	1,521	35.2	813	18.8	917	21.2	1,074	24.8
7. Improved education or vocational training	6,924	4,504	65.0	1,139	16.5	749	10.8	532	7.7
8. Improved employment	8,799	3,698	42.0	1,758	20.0	1,844	21.0	1,499	17.0
9. Improved family and social relationships	9,291	2,519	27.1	2,314	24.9	2,632	28.3	1,826	19.7

VI. Number of Patients Addicted to Methadone

Methadone is a prescribed oral opioid agonist medication used in the treatment of heroin and other opioid addiction since the 1960s. At the clinically optimal dose, methadone occupies the brain receptor sites which were being filled by the illicit opioid, eliminating abrupt side effects which would create a need to return to illicit drug use while not causing euphoria, sedation or mental impairment. Numerous studies have documented its effectiveness in decreasing relapse to illicit drugs and in curtailing the medical, psychiatric and legal consequences of illicit use. Treatment of opioid addiction with methadone has been considered an evidence-based practice by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment for many years.

An informal survey of Indiana OTP admissions in early 2008 found that of patients admitted addicted to synthetic opioid drugs, anywhere from no patients to a high of 61% of 2007 patient admissions tested positive for the drug methadone, although no patient indicated an addiction to methadone. Patients in opioid treatment programs are not considered to be addicted to their medication when the medication is at the therapeutically appropriate dose, which supports optimal functioning as patients modify unproductive lifestyles to productive lifestyles. Patients entering opioid addiction treatment, because they have been addicted to opioid drugs a minimum of 12 months, have built tolerance to opioid drugs. The amount of treatment medication which will be dispensed to a particular patient will be affected by the tolerance of that patient to opioid drugs in general, and when patients' doses are lowered or when they are withdrawn from the medication, this is ideally done under medical supervision. Finally, although many patients are able to become medication-free following comprehensive treatment in an OTP, others remain on medication for extended periods, sometimes for a lifetime, to support continued recovery.

VII. Number of Individuals on Waiting Lists to Receive Opioid Treatment Medication and Treatment

At the end of 2007 and throughout the ten years reporting has been done, none of the 13 Indiana opioid treatment programs reported to DMHA that they utilized a waiting list. It is understood that during 2007, Indiana OTPs adjusted staff and facility needs if increased patient demand occurred. Between 2006 and 2007, a 9.7% increase in total patient enrollments was seen, and this increase was accommodated.

Between 1999 and 2006, the Indiana State Legislature placed a moratorium on establishing new OTPs in counties in which there was an OTP/OTPs or adjacent to counties in which there was an OTP/OTPs. Prior to 1999, when a large enough number of patients were identified to support a new OTP, a new OTP was established. During 2006, a statutory change opened up a process to allow new OTPs which had community support and which could establish need in the county in which they sought to locate. In 2007, the moratorium on establishing new Indiana OTPs was statutorily re-established for an indefinite period.

VIII. Patient Information as Reported to a Central Registry

In 1999, the Indiana General Assembly passed a law requiring DMHA to prepare annual reports providing information on treatment by Indiana OTPs. At the same time, DMHA was required to establish a central registry to collect OTP patient information while protecting the anonymity of patients and their health information and developing an improved ability to prevent patients from enrolling and being treated simultaneously in more than one OTP (dual enrollment).

For the 1998 report, DMHA established a unique identifier format from an existing database found suitable for establishing the basis of a central registry, accomplishing three objectives: 1) preserving patient anonymity; 2) providing a format compatible with currently existing data collection by the two public OTPs and other DMHA-funded providers; and 3) allowing OTP staff to know if a patient seeking admission is currently enrolled in another Indiana OTP. For the 1998 report, each OTP reported information in paper format. For the 1999 report, DMHA began to automate the reporting process, establishing the basis for the central registry. At that time, eight of the 12 OTPs had data processing programs enabling electronic data submission by diskette to DMHA. Data submitted by diskette was transferred to a DMHA ACCESS database, and OTPs maintained copies of the submitted data. By 2003, nine OTPs were reporting in this way, and as the remaining OTPs updated their electronic reporting capacity, this electronic reporting process was extended to them. Through 2006, all 12 Indiana OTPs submitted their data by diskette to DMHA at the end of each calendar year.

In 2006, DMHA completed development of an electronic central registry called the Indiana Central Opioid Patient Electronic Registry, or ICOPE. Although OTPs submitted their 2006 data by diskette, in late 2007, phased-in ICOPE implementation resulted in the availability of 2007 data through the web-based ICOPE, and it is ICOPE data on which this report is based. It is anticipated that initial challenges encountered in the first 18 months of ICOPE implementation will not be an issue for future reports.